MAXIMUS Federal Services

Case Number:	CM13-0055557		
Date Assigned:	12/30/2013	Date of Injury:	05/04/2012
Decision Date:	03/27/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 45 year old male who reported an injury on 05/04/2012. The mechanism of injury was not provided in the medical records. He is diagnosed with right L4 herniated nucleus pulposus, status post decompression, lumbar strain, degenerative disc disease, and post-laminectomy syndrome. His medications are listed as Neurontin 800 mg, Fexmid 7.5 mg, Ultram 150 mg, and Norco. The patient had surgery on 08/20/2013 and it was noted at his 10/11/2013 visit that he had completed 3 sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RETROSPECTIVE REQUEST FOR FEXMID 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Cyclobenzaprine (FlexerilÂ®) Page(s): 41-42.

Decision rationale: According to the California MTUS Guidelines cyclobenzaprine is only recommended for a short course of therapy in the treatment of back pain. The guidelines specify that the effect is greatest in the first 4 days of treatment. It also states that there is postoperative use for cyclobenzaprine; however, it again states that treatment should be brief. As the use of

cyclobenzaprine is only recommended for a short course of therapy, the continued use of cyclobenzaprine is not supported. Additionally, the clinical information submitted for review failed to provide details regarding the patient's outcome on the medication, including any side effects with use. In the absence of details regarding the patient's relief of symptoms and increased function with use of the medication, and as the medication is not recommended for long-term use, the request is not supported.

RETROSPECTIVE REQUEST FOR ULTRAM 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines the ongoing management of patients taking opioid medications should include detailed documentation regarding the patient's pain relief, functional status, and the 4 A's for ongoing monitoring (analgesics, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The clinical information submitted for review failed to provide details regarding the patient's pain outcome with use of Ultram, reported side effects, or issues with aberrant drug-taking behaviors. Additionally, the patient's functional status, including functional gains with use of Ultram, was not provided for review. In the absence of the detailed documentation required by the guidelines for the ongoing use of opioid medication, the request is not supported.

PHYSICAL THERAPY TWO TIMES SIX FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: According to the California Postsurgical Guidelines, physical therapy following surgery for a lumbar fusion is recommended at 34 visits over 16 weeks. The guidelines specify that an initial course of therapy means one-half the number of visits specified. Therefore, the patient's initial course of therapy should include 17 initial visits. As the clinical information submitted for review indicates the patient was only previously approved for 3 sessions of postoperative physical therapy, the request for postoperative physical therapy twice a week for 6 weeks is supported in order for the patient to complete an adequate course of initial therapy. As such, the request is certified.